

PRECEPTOR AFFIDAVIT

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I hereby certify that I accept the responsibility of a preceptor for _____.
_____. I agree to provide him/her with the experience outlined
in the Board's Practical Experience Program. If I terminate my preceptorship agreement
with the applicant, I will notify the Board in writing. I also hereby certify that I am a
registered pharmacist and have been practicing for at least two years.

Signature of Preceptor

Subscribed and sworn to before me

this _____ day of _____, _____.

_____(SEAL)
Notary